

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

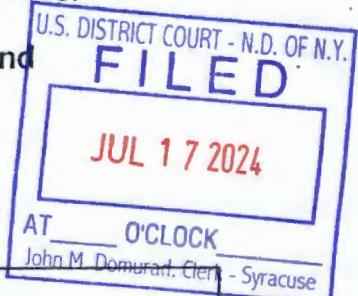
Beau Coleman 19A2555

Plaintiff(s),

v.
"John Doe", C.O, Mid-State Correctional Facility
(7am-3pm shift on April 3, 2024)
Letitia James (Attorney General)
Defendant(s).

COMPLAINT
(Pro Se Prisoner)Case No. 9:24-cv-883(Assigned by Clerk's
Office upon filing)

Jury Demand

 Yes
 No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's social security number, taxpayer identification number, or birth date; the name of a person known to be a minor; or a financial account number. A filing may include *only*: the last four digits of a social security number or taxpayer-identification number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Fed. R. Civ. P. 5.2.

I. LEGAL BASIS FOR COMPLAINT

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution and laws of the United States. Indicate below the federal basis for your claims.

42 U.S.C. § 1983 (state, county, or municipal defendants)
 Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
 Other (please specify) _____

II. PLAINTIFF(S) INFORMATION

Name: Beam Coleman
Prisoner ID #: 19A 2555
Place of detention: Upstate Correctional Facility
Address: P.O. Box 2001
Malone, New York 12953

Indicate your confinement status when the alleged wrongdoing occurred:

- Pretrial detainee
- Civilly committed detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Immigration detainee

Provide any other names by which you are or have been known and any other identification numbers associated with prior periods of incarceration:

"King Price"

If there are additional plaintiffs, each person must provide all of the information requested in this section and must sign the complaint; additional sheets of paper may be used and attached to this complaint.

III. DEFENDANT(S) INFORMATION

Defendant No. 1: Co. John Doe
Name (Last, First)

Correctional Officer
Job Title

Mid-State Correctional Facility
Work Address

Marcy, New York
City State Zip Code

Defendant No. 2: James, Letitia
Name (Last, First)

Attorney General
Job Title

Office of The Attorney General / Department of Law
Work Address
The Capitol, Albany, New York 12224-0341
City State Zip Code

Defendant No. 3:

Name (Last, First)

Job Title

Work Address

City

State

Zip Code

Defendant No. 4:

Name (Last, First)

Job Title

Work Address

City

State

Zip Code

If there are additional defendants, the information requested in this section must be provided for each person; additional sheets of paper may be used and attached to this complaint.

IV. STATEMENT OF FACTS

State briefly and concisely the facts supporting your claims. Describe the events in the order they happened. Your statement of facts should include the following:

- The date(s) on which the events occurred
- Where these events took place (identify the facility and, if relevant, the specific location in the facility)

- How each defendant was involved in the conduct you are complaining about

If you were physically injured by the alleged misconduct, describe the nature of your injuries and the medical evaluation and treatment you were provided. You need not cite to case law or statutes or provide legal argument in the Statement of Facts. Use additional sheets of paper if necessary.

- The date on which the event occurred: April 3, 2024.
- Where the event took place: Mid-State Correctional Facility (RRU)
- How each defendant was involved in the conduct I am complaining about: C.O. "John Doe" forced me to comply with an "unauthorized strip-frisk proceeding"; repeatedly punched me in my back as I was removing my clothes, forced me to "bend over and spread my ass cheeks open"; and threatened to "rape me".
- Time the incident occurred: 7AM- 3pm shift

V. STATEMENT OF CLAIM(S)

State briefly and concisely the constitutional and/or statutory basis for each claim you seek to assert and identify the defendant(s) against whom each claim is

asserted. Commonly asserted claims include: excessive force; failure to protect; deliberate indifference to medical needs; unconstitutional conditions of confinement; denial of due process in a disciplinary or other proceeding; denial of equal protection; retaliation for the exercise of a First Amendment right; and interference with free exercise of religion. Legal argument and case citations are not required. Use additional sheets of paper if necessary.

FIRST CLAIM

First Amendment: Equal Protections of The Law; Failure to Protect

SECOND CLAIM

Fourth Amendment: Unlawful search and seizure of my person.

THIRD CLAIM

Eighth Amendment: Excessive Force; Cruel and Unusual Punishment.

FOURTH CLAIM

VI. RELIEF REQUESTED

Fourteenth Amendment: Due Process / Equal Protections clause.
State briefly what relief you are seeking in this case.

I am requesting for compensatory damages in the amount of one million dollars (\$1,000,000.00). I am also requesting for long-term protective custody and for any request for transfer to be denied.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 07-15-2024

Beau Cahn

Plaintiff's signature

(All plaintiffs must sign the complaint)

Mid-State C.F

to be denied

to ensure my safety and protection against any retaliation from correctional officers in Mid-State C.F

(revised 10/2/16)

United Grievances (Elmira)

Grievance #:

UST-1221-24

Inmate Grievance

Beau Coleman 19AZ555

06-29-2024
11-C2-477

Description of Complaint: I filed a grievance (wrote the complaint and sent it to I.G.R.C) when I was in Elmira C.F. regarding a Correctional Officer who opened my cell door, giving access to gang affiliated incarcerated individuals who gang assaulted me in December 2023. My grievance was never responded to. I re-wrote the grievance and sent it out, via first-class mail service, from Auburn C.F. in January 2024. That grievance, also, was never responded to.

I re-wrote the grievance a 3rd time and sent it out, via first-class mail service, from Orleans C.F. in February 2024. That grievance, also, was never responded to. My cell door was not supposed to be opened at the time the C.O. opened my door. I was "Keeklock" status and "draft" incarcerated individuals were being processed for drafts leaving the facility. The C.O. was aware of the threat posed by the gang affiliated incarcerated individuals, showed deliberate indifference and opened my cell door, knowingly, intelligently, voluntarily, and with malicious intent to cause physical, mental and emotional harm.

Advisor Requested: Yes / Who: I.G.R.C.

Action Requested: Forward to Superintendent due to

Beau C

The JS 44 civil cover sheet and the information contained herein must be filed with the filing and service of process or other papers required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

(a) PLAINTIFFS

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Bean Coleman 19A2555
FRANKLIN

DEFENDANTS

C.O. "John Doe" Mid-State Corrections
Letitia James (Attorney General)

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES)

Bean Coleman (Pro Se)
Upstate Correctional Facility

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

<input checked="" type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)
<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

	PTF	DEF	PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5 <input checked="" type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6 <input checked="" type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability		<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability		<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers' Liability			<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine			<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 345 Marine Product Liability			<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 350 Motor Vehicle	PERSONAL PROPERTY	<input type="checkbox"/> 470 Racketeers Influenced and Corrupt Organizations	
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)	
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 485 Telephone Consumer Protection Act	
<input type="checkbox"/> 195 Contract Product Liability	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 490 Cable/Sat TV	
<input type="checkbox"/> 196 Franchise		<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 850 Securities/Commodities/ Exchange	
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	SOCIAL SECURITY	
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 440 Other Civil Rights	Habeas Corpus:	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 890 Other Statutory Actions
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 463 Alien Detainee	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 891 Agricultural Acts
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 510 Motions to Vacate Sentence	<input type="checkbox"/> 863 DIWC/DIWW (405(g))	<input type="checkbox"/> 893 Environmental Matters
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 530 General	<input type="checkbox"/> 864 SSDI Title XVI	<input type="checkbox"/> 895 Freedom of Information Act
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	<input type="checkbox"/> 535 Death Penalty	<input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 896 Arbitration
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 446 Amer. w/Disabilities - Other	<input type="checkbox"/> Other:		<input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision
	<input type="checkbox"/> 448 Education	<input type="checkbox"/> 540 Mandamus & Other	<input type="checkbox"/> 462 Naturalization Application	<input type="checkbox"/> 950 Constitutionality of State Statutes
		<input type="checkbox"/> 550 Civil Rights	<input type="checkbox"/> 465 Other Immigration Actions	
		<input type="checkbox"/> 555 Prison Condition		
		Conditions of Confinement		
IMMIGRATION				

V. ORIGIN (Place an "X" in One Box Only)

<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from Another District (specify)	<input type="checkbox"/> 6 Multidistrict Litigation - Transfer	<input type="checkbox"/> 8 Multidistrict Litigation - Direct File
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Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

First Amendment; Fourth Amendment; Eighth Amendment, and Fourteenth Amendment

Brief description of cause:

Denial of Equal Protections; Failure to Protect; Unlawful Search/Seize; Excessive force;

DEMAND \$ 1,000,000.00
(One Million Dollars)

CHECK YES only if demanded in complaint: YES Due Dates

JURY DEMAND: Yes B.C.

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

SIGNATURE OF ATTORNEY OF RECORD

Bean Cole

DATE

07-15-2024

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

UPSTATE CORRECTIONAL FACILITY
P.O. BOX 2001
MALONE, NEW YORK 12953

NAME: Bean Coleman DIN: 19A7555



UPSTATE
CORRECTIONAL
FACILITY

Upstate



Correctional Facility

neopost
07/15/2024
US POSTAGE

\$001.25⁰⁰



ZIP 12953
D41L11251145

Attention:

CLERK OF THE COURT
United States District Court
Federal Building, P.O. Box 7367
100 S. Clinton Street
Syracuse, New York 13261-7367

LEGAL MAIL

1326136105 CO61

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